



Department of Military Affairs and Public Safety

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OFFICE OF THE STATE FIRE MARSHAL

1207 Quarrier St, 2nd Floor
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FIRE ALARM SYSTEM

Resubmittal: ☐ Yes ☐ No

Plan of Corrections: ☐ Yes ☐ No

NOTE: ALL BLANKS MUST BE COMPLETED OR PLAN REVIEW MAY BE DELAYED UNTIL ALL INFORMATION IS RECEIVED.

Project Name: _____

Street Address: _____

City: _____ Zip: _____ County: _____

Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Plan Submitter: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupancy Type (as defined by NFPA 101, Life Safety Code): _____

Approx. Date of start: _____ Plans Submitted on CD: ☐ Yes ☐ No

Number of: Smoke Detectors _____ Duct Detectors _____ Pull Stations _____ Heat Detectors _____

Horn/Strobe Combination _____ Strobes Only _____ Speakers _____

Flow Switches _____ Tamper Switches _____ Beam Detectors _____

Control Panel: _____ Battery: _____ Boosters: _____

Automatic Dialer: ☐ Yes ☐ No Total Square Footage: _____

Name: _____ Signature: _____

Bill Invoice To: _____

ONE SET OF PLANS AND SPECIFICATIONS REQUIRED – ADDITIONAL SETS WILL BE RETURNED UPON REQUEST IF SHIPPING AND BILLING INFORMATION IS PROVIDED.